

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T										
1	Unified Rate Review v5.3																			To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F.									
2	Company Legal Name: Aetna Life Insurance Company																			State: KY									
3	HIOS Issuer ID: 39127																			Market: Small Group									
4	Effective Date of Rate Change(s): 1/1/2022																												
5																													
6																													
7																													
8	Market Level Calculations (Same for all Plans)																												
9																													
10																													
11	Section I: Experience Period Data																												
12	Experience Period: 1/1/2020 to 12/31/2020																												
13																													
14	Allowed Claims																			Total PMPM									
15	Reinsurance																												
16	Incurred Claims in Experience Period																												
17	Risk Adjustment																												
18	Experience Period Premium																												
19	Experience Period Member Months																			77									
20																													
21	Section II: Projections																												
22																													
23	Benefit Category																			Experience Period Index Rate PMPM									
24																				Year 1 Trend									
25																				Cost Utilization									
26																				Year 2 Trend									
27																				Cost Utilization									
28																				Trended EHB Allowed Claims PMPM									
29	Inpatient Hospital																			\$0.00									
30	Outpatient Hospital																			\$0.00									
31	Professional																			\$0.00									
32	Other Medical																			\$0.00									
33	Capitation																			\$0.00									
34	Prescription Drug																			\$0.00									
35	Total																			\$0.00									
36	Morbidity Adjustment																			1.450									
37	Demographic Shift																			1.007									
38	Plan Design Changes																			1.015									
39	Other																			1.135									
40	Adjusted Trended EHB Allowed Claims PMPM for 1/1/2022																			\$0.00									
41																													
42	Manual EHB Allowed Claims PMPM																			\$1,121.18									
43	Applied Credibility %																			0.00%									
44																													
45																													
46																													
47																													
48																													
49																													
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																												
51																													

# Product-Plan Data Collection

Company Legal Name: Aetna Life Insurance Company  
HIOS Issuer ID: 39127  
Effective Date of Rate Change(s): 1/1/2022

State: KY  
Market: Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.  
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.  
To validate, select the Validate button or Ctrl + Shift + V.  
To finalize, select the Finalize button or Ctrl + Shift + F.  
To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.  
To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

## Product/Plan Level Calculations

Field #	Section I: General Product and Plan Information	
1.1	Product Name	PPO
1.2	Product ID	39127KY007
1.3	Plan Name	Aetna Silver PPO
1.4	Plan ID (Standard Component ID)	39127KY0070011
1.5	Metal	Silver
1.6	AV Metal Value	0.670
1.7	Plan Category	Renewing
1.8	Plan Type	PPO
1.9	Exchange Plan?	No
1.10	Effective Date of Proposed Rates	1/1/2022
1.11	Cumulative Rate Change % (over 12 mos prior)	7.81%
1.12	Product Rate Increase %	7.81%
1.13	Submission Level Rate Increase %	7.81%

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information	
	2.1 Plan ID (Standard Component ID)	Total 39127KY0070011
\$0	2.2 Allowed Claims	\$0
\$0	2.3 Reinsurance	\$0
	2.4 Member Cost Sharing	\$0
	2.5 Cost Sharing Reduction	\$0
\$0	2.6 Incurred Claims	\$0
\$0	2.7 Risk Adjustment Transfer Amount	\$0
\$0	2.8 Premium	\$0
77	2.9 Experience Period Member Months	77
	2.10 Current Enrollment	1
	2.11 Current Premium PMPM	\$1,092.27
	2.12 Loss Ratio	#DIV/0!
	Per Member Per Month	
	2.13 Allowed Claims	\$0.00
	2.14 Reinsurance	\$0.00
	2.15 Member Cost Sharing	\$0.00
	2.16 Cost Sharing Reduction	\$0.00
	2.17 Incurred Claims	\$0.00
	2.18 Risk Adjustment Transfer Amount	\$0.00
	2.19 Premium	\$0.00

Section III: Plan Adjustment Factors	
3.1 Plan ID (Standard Component ID)	39127KY0070011
3.2 Market Adjusted Index Rate	\$1,124.84
3.3 AV and Cost Sharing Design of Plan	0.7965
3.4 Provider Network Adjustment	1.0000
3.5 Benefits in Addition to EHB	1.0000
Administrative Costs	
3.6 Administrative Expense	5.83%
3.7 Taxes and Fees	3.41%
3.8 Profit & Risk Load	4.74%
3.9 Catastrophic Adjustment	1.0000
3.10 Plan Adjusted Index Rate	\$1,041.54
3.11 Age Calibration Factor	0.6440
3.12 Geographic Calibration Factor	0.7767
3.13 Tobacco Calibration Factor	1.0000
3.14 Calibrated Plan Adjusted Index Rate	\$520.97

Section IV: Projected Plan Level Information	
4.1 Plan ID (Standard Component ID)	Total 39127KY0070011
4.2 Allowed Claims	\$40,363
4.3 Reinsurance	\$0
4.4 Member Cost Sharing	\$8,212
4.5 Cost Sharing Reduction	\$0
4.6 Incurred Claims	\$32,150
4.7 Risk Adjustment Transfer Amount	-\$105
4.8 Premium	\$37,496
4.9 Projected Member Months	36
4.10 Loss Ratio	85.98%
Per Member Per Month	
4.11 Allowed Claims	\$1,121.18
4.12 Reinsurance	\$0.00
4.13 Member Cost Sharing	\$228.12
4.14 Cost Sharing Reduction	\$0.00
4.15 Incurred Claims	\$893.06
4.16 Risk Adjustment Transfer Amount	-\$2.92
4.17 Premium	\$1,041.57

## Rating Area Data Collection

*Specify the total number of Rating  
Select only the Rating Areas you are  
To validate, select the Validate button  
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 3	1.1200
Rating Area 4	1.3300
Rating Area 5	1.1860
Rating Area 6	1.3000
Rating Area 7	1.4640
Rating Area 8	1.3700

